

**LICENSURE APPLICATION ADDENDUM:
CHANGE OF STATUS FORM**



Department of Mental Health And Substance Abuse Services

Office of Licensure

INSTRUCTIONS: Use this form to report or request a change in the status of previously submitted application information or the conditions of a current license. This form is not for use in changing the ownership or operator of a currently licensed facility or service, the addition of another facility or service by a current Licensee, the relocation of a currently licensed facility or service, or a major change in use or occupancy of a currently licensed facility or service. Such changes require new application processes and the prior approval of the Department's Office of Licensure.

1. NAME OF APPLICANT OR CURRENT LICENSEE:

2. DATE OF THIS FORM:

3. LIST THE NAME(S) OF THE FACILITY OR SERVICE IN WHICH THE CHANGE INDICATED BELOW IS TO OCCUR:

(Or, check here if change affects all facilities or services: ☐)

4. CHECK THE ITEM BELOW WHICH DESCRIBES THE CHANGE TO OCCUR AND SUPPLY THE REQUESTED INFORMATION:

☐ **REQUEST FOR APPROVAL OF CHANGE TO AFFECT CURRENT LIFE SAFETY OCCUPANCY CLASSIFICATION.** A change is being planned in the program of the facility or service listed in item (3) above which will affect the current life safety occupancy classification of the facility as follows:

- ☐ Serving persons who are incapable of self-preservation.
- ☐ Serving persons who use wheelchairs, walkers, etc. for mobility.
- ☐ Imposing security measures upon persons which are beyond their control, (e.g., exit doors or windows locked against egress, restraints, seclusion, etc.)
- ☐ Serving blind persons. ☐ Serving deaf persons.

☐ **CHANGE IN CHIEF EXECUTIVE OFFICER OR DIRECTOR.**

The current Licensee has appointed or hired a new person to serve as chief executive officer or director responsible for the overall daily management of the Licensee's facilities or services as follows:

Person's Name

Title or Position

A criminal background check must be performed on the individual identified above as the new chief executive officer or director. The criminal background check shall include previous state(s) of residence, if any. The individual(s) must supply fingerprint samples for a criminal history/background records check to be conducted by the Tennessee Bureau of Investigation or release information for a criminal background check by a state –licensed private investigation company. A copy of the criminal background investigation report must be submitted to the appropriate regional licensure office.

☐ **CHANGE IN NAME ONLY OF THE CURRENT LICENSEE.**

The current Licensee is changing in name only from the name listed in item (1) above to the following name:

(This is **not** a change in ownership or operator of the facility or service. The current Licensee is changing in **name only**.) Attach a copy of the legal documentation which evidences this change of name, such as revised corporate charter from Secretary of State, marriage certificate, court papers, etc.

☐ **REQUEST FOR CHANGE IN CURRENT LICENSED CAPACITY.**

The current Licensee is requesting a change in the client or bed capacity number listed on the current License. This capacity change does **not** involve an expansion or addition to the physical plant of the facility or service. (Such expansion or addition requires the submission of new facility or service fact sheet forms.) The current capacity is:

_____ beds/clients. The requested capacity is for:
_____ beds/clients. **NOTE:** Exceeding the licensed client or bed capacity number requires the prior approval of the Department's Office of Licensure.

☐ **CHANGE IN THE PUBLIC NAME OF THE FACILITY OR SERVICE.** The current Licensee is changing the name of the facility or service listed in item (3) above as it is currently known to the public and listed on the current License to the following new name: (Use one [1] form for each facility or service name change.)

☐ **NOTICE OF VOLUNTARY CLOSURE OF FACILITY OR SERVICE.**

The current Licensee has voluntarily chosen to close the facilities or services listed in item (3) above. The closure will be effective on the following date: _____
Please attach a summary of the reason for the decision to close and the arrangements to be made for displaced clients

☐ **OTHER.** Attach a summary to describe any other change or event which affects the status of the application information previously submitted, or the conditions under which the current License was granted.

5. CERTIFICATION OF INFORMATION. The person signing below declares his/her authority to submit this information as an addendum or change to the application information supplied to the Department of Mental Health and Substance Abuse Services as a basis for determining issuance of a license. The undersigned person further declares this information to be true, correct and complete to the best of his/her knowledge.

SIGNATURE OF LICENSEE OR AUTHORIZED AGENT:

DATE OF SIGNATURE: